

Professional-Technical High School
Program Approval/Change Request Form
Request Form A

Prof-Tech School:

Address:

Existing Program Title:

1. What is the requested change (i.e. Program Title Change *[show new title here]*; Curriculum Change; Add or delete a Course(s); Inactivate/Terminate Program)?

2. Briefly describe the purpose of this requested action.

3. Include Attachment B to add or delete courses or competencies in a program, add or delete dual-credit opportunities, or to change the sequence of instruction. Include Attachment C to inactivate or terminate a program

PTS Administrator

Date

Superintendent/Cooperative Service Agency Board Chair

Date

Advisory Committee Chairperson

Date

State Administrator _____ Signature	Program Manager Approval _____ Initials & Date	PTS Coord Approval _____ Initials & Date
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SUMMARY OF COURSE CHANGES

Please submit a separate Attachment B for each program that is being changed.

Professional-Technical
School:

Program Title:

Insert Program Name (i.e. Business Technologies/Marketing and Management)

Program Length:

 semesters/trimesters

Dual-Credit Cooperating
Institution:

Credit Summary:

Secondary Technical Credits

Postsecondary Dual Credits

Recommended Program Scope and Sequence

Course Title	Course Number	Number Technical Credits	Check Dual-Credit Courses	Code N = New C = Change (See Note 1)	Semester Sequence (See Note 2)

Note 1: Enter an “N” for each new course. This only includes courses that have not been offered before at this institution. Enter a “C” for each course that has been changed. This includes courses that have different credit hours, competencies, or other substantial modifications as originally approved.

Note 2: Enter the semester in which the course is recommended in the program sequence.

1. Describe the impact this change will have on students currently enrolled in the existing program.

2. Courses Deleted from Program:

3. Courses Added to Program:

4. Attach New (“N”) or Changed (“C”) course descriptions.

5. Attach New (“N”) or Changed (“C”) course competencies.

6. Describe the features of this program that distinguish it as a “high level” program in comparison with a traditional high school technical program.

PROGRAMMATIC IMPACT

Date Program was inactivated *(if applicable)* _____

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1. Program Description *(be brief)*
 2. Succinct Statement of why the program is recommended for inactivation or termination. *(Use additional sheets if necessary)*
 3. Similar Programs: *(In-state; regional)*
 4. Describe how current students will be accommodated. *(Use additional sheets if necessary)*